

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

610727

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1			
TOTAL DEP.	27	↔	↔	↔
TOTAL CLAIMS	24			

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.			↔	↔	↔	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS						